

Case Number:	CM14-0007133		
Date Assigned:	02/07/2014	Date of Injury:	07/10/2012
Decision Date:	06/23/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant injured his cervical spine on 07/10/12. He has been prescribed Ambien CR 12.5 mg for sleep many times over at least the past year. He has a history of cervical spinal stenosis. On 11/19/13, [REDACTED] stated he did not need that Ambien or Celebrex refilled but he was taking Ambien for sleep. He saw [REDACTED] on 12/17/13 and complained of severe pain in the neck and radiculopathy due to his cervical disc herniation and stenosis. He had a recent new MRI and surgery was under consideration but he needed psych clearance for it. He had chronic pain and reactive depression and was to see a psychiatrist. He was taking Percocet, Celebrex, Lyrica, Ambien, and doxepin. There is no mention of a sleep disorder or insomnia. He saw [REDACTED] on 12/10/13 for his neck and left shoulder pain which was not improved. There is no mention of sleep problems. Two level fusion surgeries were recommended for his cervical spine. He has been taking the same medications at least since September 2013. He did mention sleep problems on 05/22/13 when he was evaluated by a psychologist [REDACTED]. On 01/14/14, [REDACTED] and stated that he had trouble sleeping due to pain and was not authorized for the Ambien. He remained very depressed.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

AMBIEN CR 12.5MG TIMES THREE (3) MONTH SUPPLY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Formulary, Ambien CR.

Decision rationale: The history and documentation do not objectively support the request for Ambien CR 12.5 mg for a 3 month supply. The claimant reports problems sleeping. However, the ODG Formulary states re: Ambien CR, "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. In this case, there is no documentation of the claimant's pattern of sleep or trials of sleep hygiene or CBT in an attempt to provide better sleep habits. His sleep problems have been related to his chronic pain, but there is no evidence that other causes of insomnia have been evaluated and ruled out. The claimant's pattern of use of this medication and the objective benefit to him, including functional improvement, have not been described in the records such that continued use appears to be reasonable or appropriate. He has been using Ambien CR for a prolonged period of time but there is no documentation that it has been significantly beneficial to him. There are significant risks from chronic use of this type of medication and the ODG do not recommend chronic use. The medical necessity of this medication has not been clearly indicated. Therefore the request is not medically necessary.